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July 6, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

FINAL REPORT ON PLAN FOR DEVELOPING INTEGRATED SCHOOL HEALTH CENTER PROJECTS

At its meeting on March 10, 2009, your Board approved a motion by Supervisors Ridley-Thomas and Molina directing the Chief Executive Officer (CEO), the Director of Mental Health and Interim Director of Health Services to report back within 60 days with a plan, including a timeline, for developing at least five potential integrated school health center (ISHC) projects. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center sites.

On August 19, 2009, the CEO provided your Board with an interim report (Attachment II) describing efforts made by a County Workgroup (Workgroup) to develop a Plan for implementing the County's ISHC projects. The Workgroup was led by the Deputy Chief Executive Officer (DCEO) of the Health and Mental Health Services Cluster (HMHS) and included staff from this Office and the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). Consistent with your Board's direction, the Interim Report described efforts made toward: (1) developing an initial conceptual model for ISHCs via a partnership with the Los Angeles Health Action Group (now the School Health Center [SHC] Policy Roundtable); (2) outlined possible options for developing ISHCs based on school-based or school-linked clinics; and (3) identifying potential sites and leveraging joint-use bond funding based on Los Angeles Unified School District's (LAUSD) effort to address the needs of "hot spots." The Interim Report also described different SHC models, including the scope of services provided, the target populations served, and the role of Integrated Behavioral Services at SHCs.

In accordance with your Board's directive, this final report contains the Plan for implementing the County's ISHC projects (Attachment I). Unless otherwise instructed, this Office will continue to work with your Board Offices to select the County's ISHC project sites and implement the Plan as outlined in Attachment I.

Consistent with your Board's directive, the County's ISHC Plan consists of the following:

1. The methodology for identifying a preliminary list of potential ISHC projects based on the alignment of health and mental health providers, related funding (such as the Mental Health Services Act's Prevention and Early Intervention [MHSA PEI] and the County's Clinical Capacity Expansion Program [CCEP]) and LAUSD-led efforts to expand existing or develop new ISHC to address the needs of their identified health hot spot areas;
2. Additional criteria to consider that may impact the implementation and long-term sustainability of the County's ISHC projects including: (a) selecting the type of SHC model; (b) identifying the target population(s); (c) developing an approach for providing integrated primary and mental health services; and (d) defining the potential roles of ISHCs in the context of Health Care Reform;
3. The *Model Standards for the County's ISHCs*, consist of *suggested* minimum requirements for the effective and efficient operations of ISHCs, including the delivery of Clinical Services and Integrated Services;
4. A set of strategies to help clients navigate the County-community ISHC service system and ensure that the continuity of care is maintained among providers and across sectors (e.g., referrals to community-based providers) through a client registration, flow, and "warm hand-off" referral process;
5. An approach for developing a unique budget for each site, which will depend on several factors but principally on the mix of available services (e.g., as primary, mental health, dental, and other care typically associated with public health and wellness) and any resulting gap(s) that may exist;
6. An analysis for leveraging DHS' CCEP and DMH's MHSA's PEI funds in support of the County's ISHC projects, as well as other potential leveraging opportunities that could be used for these purposes; and
7. An approach for developing performance measures based on a collaborative process that leverages local ISHC partners and Countywide subject matter experts from health, behavioral health, and educational institution representatives to develop service-level and educational measures for the County's ISHC projects.

NEXT STEPS

As this is the final update regarding the development of the County's ISHC Projects, CEO staff, led by the DCEO for HMHS, will continue to provide ongoing support, coordinate activities, and monitor progress made toward the successful implementation of the County's ISHC demonstration initiative. This will include working with your Board Offices to select the County's ISHC project sites. Implementation of the Plan will be customized to meet the specific needs and priorities of the sites selected and the communities in which they are located.

Specifically, next steps include, but will not be limited to:

1. Convening a County Workgroup that includes members of the Roundtable and other subject matter experts to:
 - a. Develop performance measures and evaluation mechanisms;
 - b. Create a shared data collection process;
 - c. Ensure that County data-sharing efforts such as the Los Angeles Network for Enhanced Services - Health Information Exchange are incorporated into the implementation of the Plan;
 - d. Align existing/emerging County and non-County resources and initiatives in support of County ISHC projects.

If you have any questions, please contact me or your staff may contact Sheila Shima, DCEO for HMHS, at (213) 974-1160, or via e-mail at sshima@ceo.lacounty.gov.

WTF:SAS
CP:lb

Attachments

- c: Executive Office, Board of Supervisors
 County Counsel
 Health Services
 Mental Health
 Public Health

PLAN FOR DEVELOPING INTEGRATED SERVICES AT SCHOOL-BASED HEALTH CENTERS

BACKGROUND

On March 10, 2009, the Board approved a motion by Supervisors Mark Ridley-Thomas and Gloria Molina directing the Chief Executive Officer (CEO), the Departments of Health Services (DHS) and Mental Health (DMH) to report back in 60 days with a plan for developing at least five potential integrated school health center (ISHC) projects within the County. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center (SBHC) sites.

On August 19, 2009, the CEO provided the Board with an Interim Report (Attachment II) describing efforts made by a County Workgroup (Workgroup) to develop a Plan for implementing the County's ISHC projects. The Workgroup was led by the Deputy CEO (DCEO) of the Health and Mental Health Services Cluster (HMHS) and consisted of staff from DMH, DHS and the Department of Public Health (DPH). Consistent with the Board's directive, the Interim Report described efforts made toward coordinating DHS' Clinical Capacity Expansion Program (CCEP) and DMH's Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds so that they could be leveraged to support the implementation and sustainability of ISHCs. However, as these funds were still in the planning phase, a final ISHC Plan could not be developed at the time.

Consistent with the Board's instruction, the Interim Report also described efforts made toward: (1) developing an initial conceptual model for ISHCs via a partnership with the Los Angeles Health Action Group and the School Health Center (SHC) Policy Roundtable (Roundtable); (2) outlining possible options for developing ISHCs based on school-based or school-linked clinics; and (3) identifying potential sites and leveraging joint-use bond funding based on Los Angeles Unified School District's (LAUSD) effort to address the needs of "health hot spots."

Additionally, the report provided background information about different SHC models, including the scope of services provided, the target populations served, and the role of Integrated Behavioral Services at SHCs.

REPORT OVERVIEW

In April and June 2011, the DCEO for HMHS and key staff from DHS and DMH held a series of briefings with Board Offices to recap major aspects of the Interim Report and discuss progress made toward the development of the Plan. Discussions centered on an initial list of potential sites; issues to consider that will impact the implementation and sustainability of County ISHCs; a discussion of the Model Standards (Standards) for ISHCs; the budget for each project; the status of CCEP and MHSA PEI funding; and

pursuit of emerging funding opportunities such as The California Endowment's (TCE) and Tides' Health Home Initiative (HHI).

In accordance with the Board's directive, this final report contains the Plan for implementing the County's ISHC projects. It represents the culmination of these efforts and consists of an array of strategies and tools for selecting, financing, operating and sustaining a cohort of ISHC demonstration sites.

Unless otherwise instructed by the Board, this Office will continue to engage the Board Offices to jointly select the site(s) and customize the implementation of the Plan to meet the needs and priorities identified by each community.

ISHC SITE SELECTION

Attachment I-A was developed by this Office to address the Board's directive of identifying potential sites and exploring the leveraging of joint use bond funding of LAUSD led efforts. The purpose of this list is to serve as a starting point for the selection of the County's ISHC projects. The list consists of existing and newly constructed SHCs to address the needs of LAUSD identified "health hot spots". Listed are the names and addresses of the school, as well as the health care provider.

Furthermore, to determine the potential for leveraging a subset of these sites into the County's ISHCs, additional information was mapped against the health hotspots, including whether or not the sites were: (1) linked to Federally Qualified Health Centers (FQHC); (2) recipients of County CCEP funding; (3) serviced by a mental health provider; and (4) if DMH recommended the site as a potential ISHC (based on existing mental health services on-site, alignment with LAUSD hot spots, and the potential to develop two sites per Board Office). The data was then further organized by Supervisorial District and Service Planning Area. Sites with the greatest alignment along the domains of health, mental health and CCEP funding appear to be the best candidates. However, there are other non-LAUSD SHCs (as well as other criteria that are outlined below) that have to be factored into the final selection process that will be conducted in conjunction with the Board Offices.

For example, Attachment I-B is the California School Health Centers Association's (CSHCA) list of SHCs in Los Angeles County. It identifies 61 SHCs and contains the name of the school, name of the SHC, and type of services provided (e.g., Dental, Health, Medical, Reproductive Health, and Nutrition/Fitness).

It should also be noted that these lists only represent a point-in-time snapshot. SHC partner organizations indicate that a definitive list of SHCs and services provided does not exist. The field is always changing. It is not uncommon for new sites to be developed, existing sites to be enhanced or closed. For example, as of the writing of this report a new districtwide clinic in Pomona recently received their FQHC certification, while at the same time at least one Pasadena area SHC will be closing its doors in the coming months.

Implementation and Sustainability: Additional Criteria to Consider

In addition to the criteria already discussed, there are several others that will impact the implementation and sustainability of the County's ISHC projects, including, but not limited to: (1) selecting a school-linked versus a school-based SHC approach; (2) identifying the target population(s); (3) developing an approach for providing integrated primary and mental health services; and (4) defining the potential roles of ISHCs in the context of Health Care Reform.

School-Based or School-Linked: Impact on Target Populations

SHCs exist and function across a broad operational spectrum. This spectrum ranges from facilities providing clinical services on a school campus (school-based) to those providing similar services at an easily accessible location or near a school (school-linked). This is an important factor to consider as the type of model selected generally determines the target population(s) that can be served. For example, a school-based facility limits available clinical services to students attending the school in which the facility is located. School-linked facilities can serve students, their families and the community at large.

While there are benefits to both models, there is considerably more flexibility and sustainability associated with a school-linked approach. This is due mainly to the variety of funding streams that are available when services are provided to a broader target population. Providing an array of services that are student-centered, family-focused and community-based further contributes to the sustainability of the selected site. A school-linked model promotes prevention-related efforts and ensures the continuity of care for students and their families as they and their younger siblings, transition from lower grade-levels through high-school and into adulthood.

Generally, because of their flexibility and capacity to provide services to a broader population, school-linked ISHCs offer greater sustainability and are better positioned to contribute to the overall well-being of the communities they are located in.

Achieving the Right Service Mix

Another factor to consider is the service model used to deliver an integrated mix of primary, mental health, dental, and other care typically associated with public health and wellness. Options range from enhancing the services that FQHCs provide (e.g., Mental Health Services); to adding staff to clinics with the purpose of improving the coordination of services offered; to partnering with community-based "lead" agencies to integrate services across various health/mental health providers. Given the many options available, the Standards (described in the next section) suggest the minimum requirements for the delivery of clinical services at ISHC sites.

Health Care Reform

Implementation of the County Plan also requires that consideration be given to the role that ISHCs can play in the context of implementing Health Care Reform. DHS is

embarking upon a major transformation that will result in establishing the infrastructure needed for achieving the goals of Health Care Reform by 2014. A key component of DHS' forward looking strategy calls for ISHCs to play a pivotal role in this transformative process. This role may include serving as health homes or, at a minimum, serving as a "satellite" of a community-based health home by coordinating services for children, families, and community members and conducting outreach and education efforts to hard-to-reach populations.

Given that ISHCs are a microcosm of community conditions, the health and prevention services provided at these sites will ensure that more people have greater access to high-quality care and that critical community needs are met. ISHCs should have a place in the Health Care Reform discussion and are recognized as a critical part of the safety net.

The County's Values Statement and Standards for ISHCs

The County's Values Statement for ISHCs

This Office developed the County's *Value Statement for ISHCs* (Attachment I-C) as a means to frame the Standards and guide the collective efforts of County-community partnerships to support the achievement of better outcomes for children, families and communities based on a set of comparable goals and values.

Concepts contained in the *Values Statement* include: how children and families should be treated when they encounter our collective systems; how services can be accessed by community members via a "no wrong door" policy; how County-community partners will work together to provide services and supports seamlessly; and how efforts will be made to share resources, data, and best practices while protecting the privacy of clients.

The County's Standards for ISHCs

This Office, in collaboration with the Roundtable developed a set of Standards (Attachment I-D) to guide the selection and operation of ISHCs in Los Angeles County. The Standards define ISHCs as "...facilities that deliver an ideal mix of medical, behavioral health, dental and public health services on a school campus or in an easily accessible alternate location on or near a school campus."

The Standards were developed based on standards and best practices obtained from the National Assembly of School Health Centers and the CSHCA. They were created in the spirit of a "developmental guide" that would facilitate ISHCs to operate at a higher level of "clinical practice... effectiveness...and...demonstrated continuous quality improvement." They are not intended to serve as a "checklist" for disqualifying the selection of potential ISHCs because they did not meet a "minimum set of requirements".

The Standards consist of two sets of *suggested* minimum requirements for the effective and efficient operations of ISHCs, including the delivery of Clinical Services and

Integrated Services. Generally, the Standards touch on the following areas: (1) administrative services and facilities; (2) client confidentiality/privacy protection; (3) integration with schools; (4) health insurance outreach and enrollment; (5) billing procedures; (6) client access and referrals to community providers; (7) quality improvement activities; (8) data collection efforts; and (9) requirements for the integration of services via a cross-trained multi-disciplinary team that includes clinical, as well as, educational, dental and public health services. They also outline a variety of methods for verifying how each of the requirements is being met.

Attachment I-E provides a visual overview of how the Values Statement and Standards work together to achieve better health and behavioral outcomes for children and families at ISHC sites.

Continuity of Care and Client Navigation

To enhance the Standards and facilitate the achievement of better outcomes for children and families, this Office developed two additional components to coordinate services and ensure that the continuity of care is maintained among providers and across sectors (e.g., referrals to community-based providers). The two components are: (1) a set of key coordination and client navigation functions to be performed by ISHC Coordinator/Navigator Teams (Attachment I-F); and (2) a client registration, flow, and “warm hand-off” referral process (Attachment I-G).

Generally, the coordination/navigation functions will be performed by a Coordinator/Navigator Team comprised of dedicated County staff, agency partners, or some combination of the two. The duties of the Team would include, but are not limited to: (1) serving as a point of contact for the SHC collaborative; (2) maintaining effective communication/coordination among the provider team and school administration; (3) refining the ISHC model to achieve the right service mix based on an assessment of community needs; (4) developing an operating budget and staffing plan; (5) partnering with other agencies to leverage joint-use funding, draw down additional State/Federal/private funding; (6) consulting with schools to develop and monitor performance measures; and (7) collaborating with various SHC partnerships, such as the Roundtable, CSHCA and the Los Angeles Coalition of School Health Centers.

The client registration, flow and “warm hand-off” process will require that a web-based automated system similar to those being developed for the Magnolia Place Network Initiative or that is being used at the Leavey Center Project, be put in place to track clients and share basic information about referrals made. For example, based on client consent, such a system would track whether or not clients: (1) kept or missed their appointments; (2) received or did not receive the services that they were referred to; (3) provided feedback regarding the quality of care received; and (4) participated in Quality Assurance/Quality Improvement processes to enhance referrals and service delivery.

PROJECT BUDGET

The budget for implementing this Plan will be unique to each site. Implementation costs will vary based on the level of readiness of the site to serve as an ISHC. Level of

readiness will depend on several factors, but principally on the service mix (e.g., as primary, mental health, dental, and other care typically associated with public health and wellness) and any resulting gap that exists when a key service or administrative component is missing. Additional costs of implementation will include the Coordinator/Navigator positions and any related to space, staffing and equipment, and potential costs associated with the client referral and tracking system.

As part of the final selection process, which will be conducted in conjunction with the Board Offices, this Office will generate projected costs for each potential County ISHC project.

FINANCING/FUNDING UPDATES

In accordance with the Board's directive, this Office conducted an analysis for leveraging DHS' CCEP and DMH's MHSA's PEI funds in support of the County's ISHC projects. Below is an update of these two funding streams, as well as other potential leveraging opportunities that could be used for these purposes.

MHSA PEI Funds

As a result of the MHSA community engagement process, \$500,000 in PEI dollars has been allocated per Board Office (\$2.5 million Countywide) to support the delivery of school-based mental health services. These funds are targeted for children and their families without prior experience in the mental health system.

The intent of PEI funding is to provide services on a time-limited basis when mental health situations are less severe than the usual DMH populations, with the goal of preventing further progression to Serious Emotional Disturbance. The funds cannot be used to serve children with prior histories of receiving mental health services, but can be used in a variety of ways, depending on the priorities and needs of each Board Office. For example, the funds could be used to establish a single service delivery site; co-locate mental health clinicians in multiple school health clinic sites; or any combination therein.

Some of the funds can be used as a local match to Early and Periodic Screening, Diagnosis and Treatment program (EPSDT) funding, resulting in the leveraging of additional funds, which can be used to provide additional PEI mental health services. For example, if \$336,000 were set aside to provide PEI mental health services to children and families with no other funding source, the remaining \$164,000 could be used as local EPSDT match. This would result in a gross \$2.9 million EPSDT program. This assumes a local match of 5.7 percent. Under realignment, the local match could increase considerably, perhaps as much as 50 percent. It is important to note that in ISHC sites, adults without children could be served under the Section 1115 Waiver Program, Healthy Way L.A., administered by DHS.

CCEP Update

On January 27, 2009, the Board approved the allocation of \$44.8 million in one-time funding for the purpose of expanding infrastructure and service capacity of clinics in underserved areas of the County. DHS' Request for Applications process encouraged the submission of applications to expand existing or develop new school-based health clinics that offer services to families. In total, 36 agencies received CCEP funds. Of these, 23 agencies received funding to enhance infrastructure/equipment and the delivery of services. Of the 23 agencies selected there are a total of ten SBHC projects. Most of these projects are still in the construction/renovation phase. Attachment I-H provides a status of these projects. All of these projects are reflected in Attachment I-A.

In addition, six SBHCs projects were awarded funding to expand their capacity to deliver services (i.e., no funding for infrastructure or equipment was awarded). As can be seen in Attachment I-H, five of these projects have already implemented services.

Of these six SBHC projects, five are reflected in Attachment I-A. Four are identified as being LAUSD schools and one is listed as a Compton Unified School District school. Only one LAUSD school (Cesar Chavez Elementary School) is not reflected on the list as it was not identified as a "hot spot" area school.

Potential Opportunities under Health Care Reform

While funding specifically for ISHCs has not been allocated under the 1115 Waiver Transition to health care reform, it is important to highlight that DHS' plan to develop the necessary safety net includes ISHCs. Whether they serve as health homes, satellites of health homes or help to educate and reach out to hard-to-reach populations, ISHCs can play a critical role in the provision of care, prevention and community wellness. Any one of these roles can help position ISHCs for future potential funding opportunities that may become available under Health Care Reform or through private funding opportunities related to Reform efforts.

TCE's and Tides' HHI Fund

As an example of Health Care Reform-related funding, TCE and Tides released a Notice of Funding Availability for their HHI in February 2011. The program consists of two-year grants of up to \$500,000 to develop Health Homes in underserved communities and to help construct the business case for new financing and reimbursement policies to sustain these innovative models of practice over time.

As Chair of the Roundtable, the Los Angeles County Education Foundation (LACEF) coordinated the submission of a Letter of Interest that resulted in an invitation to submit a full proposal. DHS' Office of Community Health was actively engaged in the development of the proposal given the potential role that ISHCs can play in becoming health homes or, at a minimum, facilitating connections to health homes for children and families. In addition to LAUSD and the County, several representatives of FQHCs and health plans were engaged in the development process.

If the proposal is successful this effort will provide the County with an additional opportunity to align its selection of ISHCs and to leverage related resources made available through TCE and Tides.

First 5 LA

Another example of a partnership that could enhance or support certain aspects of the County's ISHC projects is a possible relationship with First 5 LA. Staff from this Office and First 5 LA are exploring how these projects could support the priorities of children 0-5 and their families. This opportunity could bring other partners such as CSHCA, the Community Clinic Association of Los Angeles County, TCE, LA Health Action, the LA Trust for Children's Health, and LAUSD to discuss potential system development and integration with school communities. Additional discussions will be set to explore the benefit that this model could have on First 5 LA's target population and its potential to align with their Best Start Communities Initiative.

Funding Challenges

ISHCs can only achieve financial stability if they receive operating resources from a variety of funding streams, such as third party revenue, local base funding, and funding from State, Federal and private organizations. Third party revenue sources include private insurance for qualified patients, and patient self-pay or co-payment programs for patients with sufficient resources. A prerequisite for insurance reimbursement is often the clinic's inclusion in an insurer's network of providers.

A shared concern among ISHCs – whether they are operated by school districts or clinic partners – is long-term sustainability. Challenges include securing reimbursements from health plans wherever feasible, enrolling as many eligible students and family members as possible in health insurance, and covering the cost of treating those who cannot be insured.

Another key funding challenge for which there is no immediate long-term solution is funding the Coordinator/Navigator Team positions. The Workgroup will continue to explore County funding allocations, as well as pursuing private funding opportunities to address the long-term sustainability of ISHCs, including funding for Coordinator/Navigator Team positions.

PERFORMANCE MEASURES

The success of ISHCs will be measured along several dimensions and not just on the co-location of an integrated health and behavioral health center at/or near a school. Partially, success will be measured on how well this County-community service delivery system is integrated and can evolve to meet the needs of children, their families and the community at large. Perhaps more importantly, success must be measured through the achievement of better health and behavioral health related outcomes for the target population(s).

Furthermore, performance measures must also include tools that assess integrated health and academic outcomes. To achieve these goals, once the site selection process has been completed, this Office will convene a County-Community evaluation Workgroup comprised of the Coordinators/Navigators for each site and subject matter experts from health, behavioral health, educational institutions representatives to develop these service-level and educational measures.

There are several key partners engaged in Countywide ISHC activities mentioned throughout this document whose representatives and initiatives can serve as resources/learning opportunities to help shape the County's ISHC process, including the evaluation. These partners include LACEF, the Roundtable, and the LA Coalition of School Health Centers. Attachment I-I contains a summary of these organizations and some of their activities.

NEXT STEPS

CEO staff, led by the DCEO for HMHS, will continue to provide ongoing support, coordinate activities, and monitor progress made toward the successful implementation of the County's ISHC demonstration initiative. This will include working with your Board Offices to select the County's ISHC project sites. Implementation of the Plan will be customized to meet the specific needs and priorities of the sites selected and the communities in which they are located.

Specifically, next steps include, but will not be limited to:

1. Convening a County Workgroup that includes members of the Roundtable and other subject matter experts to:
 - a. Develop performance measures and evaluation mechanisms;
 - b. Create a shared data collection process;
 - c. Ensure that County data sharing efforts such as the Los Angeles Network for Enhanced Services - Health Information Exchange are incorporated into the implementation of the Plan;
 - d. Align existing/emerging County and non-County resources and initiatives in support of County ISHC projects.

Potential Integrated School-Based Health Center Sites
By Supervisorial Districts and Service Planning Areas

No	SCHOOL-DISTRICT	LAUSD Code	DMH Rec.	FOHC-Linked	CCEP Funding	SCHOOL NAME	ADDRESS	CITY	ZIP	HEALTH PROVIDER	MH PROVIDER	New Clinic	Comments	Contract Agency	CCEP Infrastructure	CCEP Primary Care	CCEP Specialty Care	Total Contract	SUP-DIST	SPA
1	Hacienda La Puente USD			Yes	No	La Puente High School	15615 E. Nelson Ave	La Puente	91744	East Valley Community Health Center, Inc.			Not a CCEP service site located at Villacorta Elementary School 17840 E Villacorta, La Puente, CA.						1	3
2	LAUSD	High	Yes	Yes	No	Belmont A	1527 West 2nd Street	Los Angeles	90026	Asian Pacific Healthcare Venture	LAUSD School Mental Health, DMH Gateways, Hillside.	In Development	Not a CCEP service site.						1	4
3	LAUSD	High				El Sereno Middle School Hilda Solis Dental Clinic	2839 N. Eastern Avenue	Los Angeles	90032	Universal Care			Dental only						1	4
4	LAUSD			Yes	No	Lincoln High School	351 N. Broadway	Los Angeles	90031	St. John's Well Child and Family Center			Not a CCEP service site.						1	4
5	LAUSD			Yes	No	Metropolitan High School	727 South Wilson Street	Los Angeles	90021	Eisner Pediatric and Family Services	Visa Del Mar Children & Family Services		Continuation school. Not a CCEP service site.						1	4
6	LAUSD					Murchison Elementary	1501 Murchison Street	Los Angeles	90033	LAUSD District Nursing Services	LAUSD School Mental Health								1	4
7	LAUSD	High				Roosevelt High School A	456 S. Matthews Street	Los Angeles	90033	Planned Parenthood/ LAUSD District Nursing	LAUSD School Mental Health	New site in development, existing clinic is open.	Mayor's Partner School.						1	4
8	LAUSD					Second Street School	1942 East Second Street	Los Angeles	90033	LAUSD Student Medical Services									1	4
9	LAUSD	High			No	Wilson High School	4500 Multronah Street	Los Angeles	90032	Bienvenidos	LAUSD School Mental Health, VIP		Not a CCEP service site.						1	4
10	LAUSD					West Adams Prep High School A	1500 W. Washington Blvd	Los Angeles	90007				Links to services at Magnolia Place.						1	6
11	LAUSD	>2				Bell High School (SHS M8) A	4328 Bell Ave	Bell	90201	Health Net		In Development							1	7
12	LAUSD					Bryson-San Miguel	9801 San Miguel	South Gate	90280	LAUSD Student Medical Services									1	7
13	LAUSD	Blks		Yes	Yes	Elizabeth St. Learning Center	4811 Elizabeth Street	Cudahy	90201	Northeast Community Clinic	LAUSD School Mental Health	Reopening May 2011	SMH co-location	Northeast Community Clinic	\$ 105,500	\$ 294,408	\$ -	\$399,908	1	7
14	LAUSD	High	Yes	Yes	Yes	Gage Middle School A	2880 East Gage Avenue	Huntington Park	90255	Northeast Community Clinic	LAUSD School Mental Health to be co-located	New site is in development, existing clinic is open.	SMH co-location planned.	Northeast Community Clinic	\$ -	\$ 324,864	\$ -	\$ 324,864	1	7
15	LAUSD	Blks			No	Garfield High School A	5101 E Sixth Street	Los Angeles	90022	Bienvenidos		In Development	Not a CCEP service site.						1	7
16	LAUSD					Huntington Park HS A	6020 Miles Avenue	Huntington Park	90255				Served by Gage MS.						1	7
17	LAUSD					San Miguel Elementary School	9801 San Miguel Avenue	South Gate	90280				See Bryson.						1	7
18	LAUSD	High				9th Street Elementary School	820 Towne Avenue	Los Angeles	90021										2	4
19	LAUSD		Yes			Los Angeles High School	4650 W. Olympic Blvd	Los Angeles	90019	Eisner Pediatric and Family Center		In Development							2	4
20	Compton USD			Yes	Yes	Bunche Middle School	12338 Mona Blvd.	Compton	90220	St. John's Well Child and Family Center									2	6
21	LAUSD	>2		Yes	Yes	Crenshaw High School (Mobile Unit) and Dorsey High School (Mobile Unit) A	5010 11th Ave, LA 90043 and 3537 Farmdale Avenue	Los Angeles	90016	T.H.E. Clinic		Mobile Unit being purchased	Services will be provided at two HS. Funding is for both sites.	T.H.E. Clinic, Inc	\$ 296,400	\$ 287,640	\$ -	\$ 584,040	2	6
22	Compton USD			Yes	Yes	Dominguez High School	15301 San Jose	Compton	90221	St. John's Well Child and Family Center				St. John's Well Child and Family Center	\$ 125,000	\$ 456,840	\$ -	\$ 581,840	2	6
23	LAUSD			Yes	No	Foshay Learning Center	3751 S. Harvard Blvd	Los Angeles	90018	North East Community Clinic			Not a CCEP service site. It is a service site under Agency's PPP Program Contract.						2	6
24	LAUSD	Blks		Yes		Fremont High School A	7676 S. San Pedro Street	Los Angeles	90003	University Muslim Medical Association		In Development	Not a CCEP service site						2	6

Potential Integrated School-Based Health Center Sites
By Supervisorial Districts and Service Planning Areas

No	SCHOOL DISTRICT	LAUSD Code	DMH Rec.	FOHCA-linked	CCEP Funding	SCHOOL NAME	ADDRESS	CITY	ZIP	HEALTH PROVIDER	MH PROVIDER	New Clinic	Comments	Contract Agency	CCEP Infrastructure	CCEP Primary Care	CCEP Specialty Care	Total Contract	SUP. DIST.	SPA
25	LAUSD					Healthy Kids Clinic	1522 E. 102nd Street	Los Angeles	90002	LAUSD Student Medical Services		Plan move to new South Health Center							2	6
26	LAUSD		Yes			Hyde Park Avenue School	3140 Hyde Park Blvd.	Los Angeles	90043	St. John's Well Child and Family Center	LAUSD School Mental Health		All Services Co-located. Address is not in records. CCEP service site located at 6505 8th Ave. LA 90043.	St. John's Well Child and Family Center					2	6
27	LAUSD	High				Hyde Park Family Center	6519 8th Avenue	Los Angeles	90043	LAUSD District Nursing Services									2	6
28	LAUSD		Yes	No		Jefferson High School A	1319 East 41st Street	Los Angeles	90011	South Central Family Health Center/Health Net		In Development	Not a CCEP service site						2	6
29	LAUSD	High	Yes	Yes		Jordan High School A	2265 East 103rd Street	Los Angeles	90002	Watts Healthcare, Corp.	Watts Healthcare, Inc. School Mental Health DMH LAUSD MH, SHIELDS, Watts HCC	New site in development, existing clinic is open.	Many services on site, Independent Charter (Green Dot) and MLA to begin operating school in 2011.	WATTS Healthcare, Corp	\$ 91,200	\$ 60,912	\$ -	\$ 152,112	2	6
30	LAUSD	High	Yes	Yes		Locke High School A	325 East 111th Street	Los Angeles	90061	Watts Healthcare, Corp.	Watts Healthcare, Inc. and LAUSD School Mental Health	In Development	Clinic is on 2nd floor of the Early Ed. Center across the street from HS.	WATTS Healthcare, Corp	\$ 182,400	\$ 60,912	\$ -	\$ 243,312	2	6
31	LAUSD	High	Yes	Yes		Manual Arts High School A	4131 South Vermont Ave	Los Angeles	90037	St. John's Well Child and Family Center	LAUSD School Mental Health		MLA operated school.	St. John's Well Child and Family Center	\$ 142,456	\$ 294,408	\$ -	\$ 436,864	2	6
32	LAUSD		Yes	No		The Accelerated School	4000 S. Main Street	Los Angeles	90037	South Central Family Health Center			Not a CCEP service site. It is a service site under Agency's PPP Program Contract.						2	6
33	LAUSD		Yes	Yes		Youth Opportunities Unlimited Alternative HS (Rita D. Walters Learning Complex)	915 W. Manchester Ave.	Los Angeles	90044	JWCH, Children's Collective, California Family Health Council				JWCH Institute, Inc.	\$ 50,000	\$ 101,520	\$ -	\$ 151,520	2	6
34	LAUSD					Holmes Avenue School	5108 Holmes Avenue	Los Angeles	90056	LAUSD District Nursing Services									2	7
35	LAUSD	High	Yes	Yes		Carson High School	22328 S. Main Street (2710 East 223rd St.)	Carson	90745	South Bay Family Health Center	LAUSD School Mental Health, Children's Institute International; DMH; CIT; PACS	New site in development, existing clinic is open. CCEP funds for EQUIPMENT ONLY	New address issued by the City of Carson.	South Bay Family Healthcare Center	\$ 77,875	\$ 927,216	\$ -	\$ 1,005,091	2	8
36	LAUSD					Gardena High School	1301 West 182nd Street	Gardena	90248	HARBOR-UCLA Family Medicine									2	8
37	LAUSD	High	Yes	Yes		Washington Prep High School A	10860 S. Denker Avenue	Los Angeles	90047	St. John's Well Child and Family Center	LAUSD School Mental Health	In Development	Has a Sale Schools Grant.	St. John's Well Child and Family Center	\$ 100,000	\$ 213,192	\$ -	\$ 313,192	2	8
38	LAUSD					Columbus Middle School	22250 Elkwood Street	Canoga Park	91304	LAUSD District Nursing Services	LAUSD School Mental Health								3	2
39	LAUSD					Harte Street Elementary School	21040 Harte Street	Canoga Park	91303	LAUSD Student Medical Services			Vision clinic only.						3	2
40	LAUSD		Yes	No		Maday Middle School	12540 Pierce Avenue	Pacoima	91331	North East Valley Health Corporation	North East Valley Health Corp		Not a CCEP service site.						3	2
41	LAUSD		Yes	No		Morroe High School A	9229 Haskell Avenue	North Hills	91343	Valley Community Clinic	Child and Family Guidance	In Development	Not a CCEP service site; LAC funded site on school property.						3	2
42	LAUSD		Yes	Yes		Pacoima Middle School	9919 Laurel Canyon Blvd.	Pacoima	90337	Mission City Community Network				Mission City Community Network, Inc.	\$ -	\$ 240,264	\$ -	\$ 240,264	3	2
43	LAUSD					Panorama High School A	8105 Van Nuys Blvd.	Panorama	91402				Served by Monroe HS.						3	2
44	LAUSD		Yes	No		San Fernando High School	11133 C McHenry Avenue	San Fernando	91340	North East Valley Health Corporation	North East Valley Health Corporation	New site in development, existing clinic is open.	Not a CCEP service site.						3	2
45	LAUSD	High	Yes	Yes		Sun Valley Health Center (Middle School)	7223 N. Fair Avenue	Sun Valley	91352	North East Valley Health Corporation	Provider at SF HS DMH; DuPont; Stirling BHI		Has available space. LAC funded site on school property.	Northeast Valley Health Corporation	\$ -	\$ 67,680	\$ -	\$ 67,680	3	2
46	LAUSD					Teller Avenue PTA School Health Center	10975 Teller Avenue	Pacoima	91331	LAUSD Student Medical Services									3	2
47	LAUSD					Vaughn Next Century Learning Center	13330 Vaughn Street	San Fernando	91340	LA County DHS				Independent Charter School.					3	2
48	LAUSD					Wellness Clinic	6505 Zeizah Ave.	Reseda	91335	LAUSD District Nursing Services									3	2
49	LAUSD		Yes			Hollywood High School	1521 N. Highland Avenue	Los Angeles	90028	Saban Clinic		New site in development, existing clinic is open							3	4

Potential Integrated School-Based Health Center Sites
By Supervisorial Districts and Service Planning Areas

No	SCHOOL DISTRICT	LAUSD Code	DMH Rec.	FOHC- linked	CCEP Funding	SCHOOL NAME	ADDRESS	CITY	ZIP	HEALTH PROVIDER	MH PROVIDER	New Clinic	Comments	Contract Agency	CCEP Infrastructure	CCEP Primary Care	CCEP Specialty Care	Total Contract	SUP. DIST.	SPA
50	LAUSD		Yes	Yes	No	Marshall High School	3939 Tracy Street	Los Angeles	90027	Asian Pacific Healthcare Venture	Asian Pacific Healthcare Venture, DMH Gateways,		Not a CCEP service site.						3	4
51	LAUSD					Cabrillo Avenue School San Pedro PTA School Health Center	732 S. Cabrillo Avenue	San Pedro	90731	LAUSD Student Medical Services	LAUSD School Mental Health								4	8
52	LBUSD		Yes	Yes	Yes	Hamilton Middle School	1060 E. 70th St	Long Beach	90805	The Children's Clinic, Serving Children and Families	PACS, The Guidance Center			The Children's Clinic, "Serving Children & Their Families"	\$ 300,000	\$ 355,320	\$ -	\$ 655,320	4	8
53	LBUSD		Yes	Yes	No	International Elementary School	450 Long Beach Blvd.	Long Beach	90802	The Children's Clinic	Sanview, The Guidance Center		Not a CCEP service site.						4	8
54	LAUSD			Yes	No	Kennedy High School	11254 Gothic Avenue	Granada Hills	91344	Valley Community Clinic			Not a CCEP service site.						5	2
55	LAUSD		Yes	Yes		Lawrence Middle School	10100 Varrel Avenue	Chatsworth	91311	LAUSD District Nursing Services	DMH: APCTC, El Centro, PACS								5	2
56	PUSD		Yes			Rose City High School	2925 E. Sierra Madre Blvd	Pasadena	91107	PUSD	DMH: Pacific Clinics, PUSD MH								5	3

LEGEND	
LAUSD: Los Angeles Unified School District	Potential for Integration of Health & Mental Health Services
DMH: Department of Mental Health Recommendations	High: High Readiness Blks = Some Road Blocks >2 = Slower
FOHC: Federally Qualified Health Center Provider-Linked	A = Priority "Hot Spots"
LBUSD: Long Beach Unified School District	
PUSD: Pasadena Unified School District	
CCEP: Clinic Capacity Expansion Program	

CALIFORNIA SCHOOL HEALTH CENTER ASSOCIATION
LIST OF SCHOOL HEALTH CENTERS IN LOS ANGELES COUNTY

As of June 2, 2011

ATTACHMENT I-B

No.	School Health Center	County	School Name	Phone	City	Dental Prevention	Dental Treatment	Health Education	Medical	Mental Health	Repro Hlth - Compreh.	Repro Hlth - Screen/Pvt	Nutrition/Fitness
1	97th Street Mental Health Clinic	Los Angeles	97th Street Elementary School	323-754-2856	Los Angeles			✓	✓	✓	✓	✓	✓
2	Accelerated SHC-S. Mark Taper Foundation Health Clinic	Los Angeles	Accelerated School	323-235-6343	Los Angeles	✓			✓	✓	✓	✓	✓
3	Bell Cudahy Clinic, LAUSD Mental Health Services	Los Angeles	Ochoa Learning Center	323-869-1352	Cudahy				✓	✓	✓	✓	
4	Carson High School Teen Health Clinic	Los Angeles	Carson High School	310-549-7259	Carson				✓		✓	✓	
5	Central PTA Medical Clinic	Los Angeles	PTA Los Angeles 10th District	213-765-8944	Los Angeles			✓	✓	✓	✓	✓	✓
6	Cesar Chavez Elementary School Clinic	Los Angeles	Cesar Chavez Elementary School	562-435-8569	Long Beach			✓	✓	✓	✓	✓	✓
7	Cesar Chavez School Clinic	Los Angeles	Cesar Chavez Continuation School	310-898-8428	Compton	✓	✓		✓	✓	✓	✓	✓
8	Child Health Collaborative	Los Angeles	Washington Middle School	626-396-5830	Pasadena	✓	✓		✓	✓	✓	✓	✓
9	Cleveland Elementary School Health Center	Los Angeles	Cleveland Elementary School	626-794-7169	Pasadena	✓	✓		✓	✓	✓	✓	✓
10	COACH for Kids and Their Families	Los Angeles	Mobile Van	310-423-9589	Los Angeles	✓	✓		✓	✓	✓	✓	✓
11	Columbus Middle School Health Center	Los Angeles	Columbus Middle School	818-702-1200	Canoga Park	✓	✓		✓	✓	✓	✓	✓
12	Cortada Afternoon Clinic	Los Angeles	Cortada Elementary School	626-452-9164	El Monte	✓	✓		✓	✓	✓	✓	✓
13	Culver City Youth Health Center	Los Angeles	Culver City High School	310-664-7667	El Monte	✓	✓		✓	✓	✓	✓	✓
14	El Monte District Health Clinic	Los Angeles	School-linked	626-452-9164	El Monte	✓	✓		✓	✓	✓	✓	✓
15	Elizabeth Learning Center	Los Angeles	Elizabeth Street Learning Center	323-586-9220	Cudahy				✓	✓	✓	✓	✓
16	Foshay Learning Center, CA Medical Center Clinic	Los Angeles	Foshay Learning Center	213-742-5529	Los Angeles				✓	✓	✓	✓	✓
17	Gage Middle School Based Clinic	Los Angeles	Henry Gage Middle School	323-589-0916	Huntington Park				✓	✓	✓	✓	✓
18	Gardena Healthy Start	Los Angeles	Gardena Senior High School	310-257-4989	Gardena			✓	✓	✓	✓	✓	✓
19	Hamilton Middle School Clinic	Los Angeles	Hamilton Middle School	562-531-7284	Long Beach			✓	✓	✓	✓	✓	✓
20	Health on Wheels	Los Angeles	Mobile Van	562-868-0431	Norwalk				✓	✓	✓	✓	✓
21	Healthy Kids Clinic	Los Angeles	School-linked	213-763-8342	Los Angeles			✓	✓	✓	✓	✓	✓
22	Hilda Solis Dental Clinic	Los Angeles	El Sereno Middle School	213-241-5691	Los Angeles				✓	✓	✓	✓	✓
23	Hollywood High School SBHC	Los Angeles	Hollywood High School	323-993-1700	Los Angeles				✓	✓	✓	✓	✓
24	Holmes Avenue School Health Center	Los Angeles	Holmes Avenue Elementary School	323-582-7238	Los Angeles				✓	✓	✓	✓	✓
25	International Elementary School	Los Angeles	International Elementary School	818-436-4420	Long Beach				✓	✓	✓	✓	✓
26	Jackson Elementary School Health Center	Los Angeles	Jackson Elementary School	626-798-6773	Altadena				✓	✓	✓	✓	✓
27	John Marshall High School Health Center- Real Youth Center	Los Angeles	John Marshall High School	323-665-1129	Los Angeles				✓	✓	✓	✓	✓
28	Jordan High School SBHC	Los Angeles	Jordan High School	323-569-7183	Los Angeles				✓	✓	✓	✓	✓
29	Kennedy High School-Based Health Center	Los Angeles	John F Kennedy High School	818-594-0931	Granada Hills				✓	✓	✓	✓	✓
30	Lawrence Middle School Family Health Center	Los Angeles	Lawrence Middle School	818-678-7965	Chatsworth				✓	✓	✓	✓	✓
31	Lennox Healthy Start Clinic	Los Angeles		310-695-4000	Altadena				✓	✓	✓	✓	✓
32	Loma Alta Elementary School Health Center	Los Angeles	Loma Alta Elementary School	626-797-1173	Altadena				✓	✓	✓	✓	✓
33	Los Angeles High School Teen Clinic	Los Angeles	Los Angeles High School	323-361-2153	Los Angeles				✓	✓	✓	✓	✓
34	MacLay Health Center for Children	Los Angeles	MacLay Middle School	818-432-4400	San Fernando				✓	✓	✓	✓	✓
35	Madison Elementary School Health Center	Los Angeles	Madison Elementary School	626-793-1181	Pasadena	✓			✓	✓	✓	✓	✓
36	Metropolitan High School Teen Clinic	Los Angeles	Metropolitan High School	213-623-4272	Los Angeles				✓	✓	✓	✓	✓
37	Michael Godfrey School Based Health Clinic	Los Angeles	Murchinson Elementary School	323-222-0148	Los Angeles				✓	✓	✓	✓	✓
38	Northam Elementary School Children's Clinic	Los Angeles	Northam Elementary School	626-964-4798	La Puente	✓			✓	✓	✓	✓	✓
39	Pacoima Middle School Clinic	Los Angeles	Pacoima Middle School	818-834-6075	Pacoima				✓	✓	✓	✓	✓
40	Partners for Healthy Kids	Los Angeles	Mobile Van	310-257-3586	Torrance				✓	✓	✓	✓	✓

ATTACHMENT I-B

As of June 2, 2011

[illegible]

LOS ANGELES COUNTY'S INTEGRATED SCHOOL HEALTH CENTERS VALUES STATEMENT

- Families are treated with respect in every encounter they have with the health, mental health, educational, and social services systems;
- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals;
- There is no "wrong door": wherever a family enters the system is the right place;
- Families receive services tailored to their unique situations and needs;
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources;
- The County human service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities;
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners;
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable;
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families;
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization;
- County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system; and
- The County human services system embraces a commitment to the disciplined pursuit of results accountability across systems.

MODEL STANDARDS FOR INTEGRATED SCHOOL HEALTH CENTERS (ISHC) IN LOS ANGELES COUNTY

Definition

An integrated school health center is a facility that delivers the following clinical service components on a school campus or in an easily accessible alternate location on or near a school campus. ISHCs in Los Angeles County provide the following clinical service and meets the standards for each.

- Medical Services
- Behavioral Health Services
- Public Health Services
- Dental Services

ISHCs operate full-time. A full-time site is open during all normal school hours with at least one staff person present and available. (Clinical services are not necessarily available during all of these hours.)

- Part-time sites are expected to expand to full-time per an agreed upon timeline
- Extended hours may be offered per a school community decision

Integrated School Health Center Standards

Standards are used to drive clinical practice, to demonstrate effectiveness, and define minimum qualifications and maybe to demonstrate continuous quality improvement.

Minimum Requirements for Three Clinical Service Categories	
Administration	Verification
1. Every ISHC must have a lead agency, a Federally Qualified Health Center (FQHC), Strategic Partner or county clinic that has overall responsibility for its administration, operations and oversight. The lead agency is the fiscal agent for the health center and employs the center director/manager and is the clinical services provider.	Name and address of lead agency.

Minimum Requirements...	Verification
2. There must be an identified staff person employed by the lead agency that is responsible for the school health center's overall management, quality of care, and coordination with school personnel and reporting to School Health Center (SHC) operator (Agency/Board of Directors).	Name of person filling this position and job description.
3. There must be a written, formalized relationship between the school and school district and lead agency that describes the bi-lateral responsibilities. This may be a new or existing written contract, Memorandum Of Understanding (MOU), or statement of agreement between the school district and the lead agency. The contract agreement must be active and renewed every 2-3 years.	Contract, MOU or Letter of Agreement (LOA) outlining relationship between school district and provider agency/s.
Facilities	
4. All ISHCs are located in or near a facility that is easily identifiable and accessible by students, families, and school staff.	Description and location of ISHC, floor plan and signage.
5. The site must be licensed by the State of California.	Clinic License.
Confidentiality and Privacy Protection	
6. ISHCs must ensure confidentiality in the sharing of medical information under state and federal laws including Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), and Minor Consent as defined by California law. The ISHC will work with school administration to determine the standard for informing enrolled students, their parents/guardians and family member users of their rights and responsibilities regarding: <ul style="list-style-type: none"> a. Confidentiality; b. Privacy; c. Safety and security; d. Informed consent; e. Release of information; f. Financial responsibility; g. Minor consent laws and sensitive service in California; and h. Treatment Team. 	Clinic consent form/s for parents/guardians and youth (for minor consent services) and HIPAA notification form.
Integration with School(s)	
7. Parents, students, school staff and community members are engaged in the development, oversight, and/or provision of school health center services.	Defined role of these stakeholders in ISHC and collaborative.

Minimum Requirements...	Verification
<p>8. ISHC staff is expected to work as part of the school campus health team as defined by an agreement with the school nurse and liaison as well with other appropriate school personnel.</p> <p>Roles and responsibilities shall be defined particularly related to:</p> <ul style="list-style-type: none"> • The role of the nurse implementing state-mandated health services; • Protocols defining permissions related to sharing information (e.g., immunization records and serious medical conditions); • Service coordination procedures; and • ISHCs outreach, education, wellness and insurance enrollment activities <p>9. ISHCs must participate in safe school plan and school wide health/wellness collaboratives/activities.</p>	<p>Signed agreement defining school RN and ISHCs role on file.</p>
<p>10. ISHC participates in school Mental Health wellness activities:</p> <ul style="list-style-type: none"> • Assist with and implement universal prevention program through outreach and education programs; and • Consultation of crisis management, early intervention team planning, as appropriate, mental health staff is available. 	<p>List of safety activities and collaborative member names, dates, agendas, and minutes.</p>
<p>11. ISHCs maintain policies/protocols to coordinate care, ensure continuity of care, and facilitate care management in partnership with the school and other service providers. School personnel include credentialed school nurses, health assistants, administrators, teachers, counselors and support personnel.</p>	<p>Expectation of ISHCs school wellness activities incorporated into job descriptions.</p>
<p>12. The ISHC has a role in leading or coordinating school wide health education and outreach, school-based public health programs and has liaison with Los Angeles County Public Health under written agreement defining roles and responsibilities, as appropriate.</p>	<p>Protocol for care coordination and/or staff participation in school health team/s.</p>
<p>13. The ISHC will work closely with the school liaison to develop age-appropriate student activities that lead to health careers.</p>	<p>School wide health promotion activities, content, and audience/s.</p>
<p>Health Insurance Outreach and Enrollment</p> <p>14. The ISHC collaborates with school health insurance enrollment activities.</p>	<p>Description of student roles and annual report on student involvement.</p>
	<p>The school/ISHCs' agreement</p>

Minimum Requirements...	Verification
	details the roles and responsibilities.
15. The ISHC is responsible for documenting student insurance coverage, health plan enrollment, and primary care provider assignment in client record.	Process for assessing student insurance and provider, include forms, if applicable.
16. The ISHCs must assure that each uninsured ISHC student client is assessed and the parent assisted in completing public, low and no cost insurance enrollment.	Resources available and process for facilitating insurance enrollment and selection of provider.
Billing	
17. The ISHC shall bill Child Health and Disability Program (CHDP), Medi-Cal, both managed care and Fee-For-Service (FFS), Health Families, Healthy Kids, private health plans and/or other third party payers as appropriate based on contracts.	Description of billing procedures and amount of revenue obtained from third party sources in previous fiscal year.
18. The ISHC shall seek agreement with school district for access to Medi-Cal enrollment data and release of district insurance information.	Agreement on file.
Access	
19. Fees. The ISHC serves all students in the school regardless of insurance status or ability to pay. No student can be denied services because of inability to pay. The center may also serve siblings, parents and other community members and may develop its own policies regarding fees and accessibility of services for these populations. The ISHCs shall share its fee structure and billing policies with the school district.	ISHC marketing/outreach materials reflect low- and no-cost services. Billing protocols.
20. Hours. The ISHC shall be open during school hours to its target population. The ISHCs shall maintain after hours and weekend coverage that shall be posted and/or explained to students and school staff.	ISHC marketing/outreach materials reflecting hours of service and emergency contacts. Written non-discrimination policy.
21. Non Discrimination. Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, gender, identity, disability, handicap or gender.	
22. Language. Reasonable accommodation shall be made to provide language/translation and interpretation services to non-English speaking and deaf students.	Staff language capacity and arrangements for translation services.
23. Referral. There must be a process for referring students/families to the health	Written referral process/protocol.

Minimum Requirements...	Verification
center that is understood and approved by school staff and administrators in consultation with ISHC. The referral process should facilitate access to care and collaborate with agencies operating on the school campus.	
24. Coordination with Outside Providers. The ISHC must develop and maintain procedures for communicating and collaborating care management with the primary care providers (PCPs) of the clients for whom the ISHC is not serving as the PCP. These procedures are necessary to promote continuity of care, facilitate provider collaboration, assure appropriate utilization of health resources and ensure appropriate protection of confidentiality.	Release of information consent forms and PCP communication protocols/procedures.
Quality Improvement	
25. The ISHC shall participate in quality improvement activities adopted by the school health collaborative or funders.	Standards of care or quality assurance protocols used by the clinic and process for determining adherence to these standards.
26. The ISHC will develop and implement an age-appropriate quality improvement program that takes into account the CHDP periodicity schedule, Global Assessment of Functioning Score or Los Angeles Unified School District Wellness Design Network.	Annual quality improvement reports and internal Quality Improvement meeting minutes.
27. Each ISHC shall adopt a focus area on one or more special populations as agreed upon by the school collaborative, e.g., juvenile justice, special education great goal.	Annual quality improvement reports on focus population.
28. The ISHC shall gather feedback from both clients and school stakeholders through an annual age-appropriate client satisfaction surveys as well as satisfaction surveys with parents and school staff. There should be a process for reviewing and incorporating appropriate feedback.	Process of obtaining patient feedback, summary of most recent data gathered and review process.
29. The ISHC shall utilize a disease registry to track agreed upon health and behavioral health indicators.	Annual disease registry reports.
Data Collection	
30. The ISHC shall collect data at each encounter or visit consistent with contract requirements and definitions.	Clinic encounter form(s) disease registry.
31. The ISHC shall use information systems that are compatible with local and state electronic billing systems and support information transfer across systems.	Description of information system and interface capabilities.

Minimum Requirements...	Verification	
	Verification	
Requirements for Integrated Services – A cross-trained multi-disciplinary team provide individual or co-visits and communicate treatment plans across the team.		
33. Episodic acute care including diagnosis and treatment of illness and injury.	As above.	
34. Immunizations/TB Screening.	As above.	
35. Basic laboratory tests including urinalysis and hemoglobin.	As above.	
36. Follow-up and coordination of care for identified illnesses or conditions.	Protocol for patient follow-up, tickler system.	
37. Assessment and education related to nutrition, fitness and oral health.	Encounter/Charting Form.	
38. Chronic disease management: <ul style="list-style-type: none"> • Assist primary care providers and school nurses in the day-to-day management of student chronic illness; and • Respond to emergency exacerbations of chronic illness. 	Release of information consent forms and clinic protocols for communication with PCPs and school nurse (if applicable).	
39. For adolescent population: <ul style="list-style-type: none"> • Psychosocial/risk assessment; and • Developmentally-appropriate, culturally competent reproductive health care, including: <ol style="list-style-type: none"> a. Contraceptive counseling and dispense or prescribe contraceptives and emergency contraception; b. Diagnosis and treatment for sexually transmitted infections and HIV testing and counseling; c. Gynecological examinations and cancer screening and referral, <i>if indicated</i>; d. Screening (pregnancy testing) and treatment or referral for prenatal and postpartum care; and e. Sports physicals. 	Adolescent risk assessment forms, clinic protocols.	
40. Prescribe and dispense over-the-counter and prescription medications.	Prescribing and dispensing protocols.	
41. Referrals for specialty care or other needed services not provided on-site.	Clinic referral protocols and encounter or charting forms where referrals are recorded.	

Minimum Requirements...	Verification
Education Services	
42. Comprehensive health education/promotion including mental health and substance abuse.	MOU, LOA, or other agreement or protocols outlining medical services to be provided by ISHC.
43. Nutrition services, such as nutrition counseling, healthy habits support, family education, healthy cooking, and shopping classes.	
Minimum Services- Behavioral Health	
Provide a range of prevention, early intervention and short term services	
44. Age-appropriate, culturally competent screening and assessment to facilitate early identification of substance abuse, domestic/dating violence, and mental health disorders.	Psychosocial/mental health intake assessment forms and protocols.
45. Client education on mental health and substance abuse prevention awareness.	Curricula and education materials.
46. Individual, family and/or group therapy/counseling provided by an appropriate staff person.	Protocols outlining behavioral services.
47. Crisis intervention/counseling.	As above.
48. Case management/client advocacy.	As Above.
49. Referrals and follow-up to a continuum of mental health services <ul style="list-style-type: none"> • May rely on outside provider for after hours and year round services. 	Referral protocol and forms.
Minimum Services – Dental	
Provided on-site or linkage to easily accessible off-site location	
50. Oral health screenings.	Protocol, MOU, LOA, or agreement outlining dental services provided.
51. Fluoride varnish.	As above.
52. Sealants.	As above.
53. Dental cleanings.	As above.
54. Oral health education.	As above.
55. Referrals to local dental treatment and specialty services off-site.	Referral protocol and forms.
56. Follow-up procedures for referrals.	As above.
Minimum Services – Public Health	
57. Activities defined by school community priorities.	Agreement on file.

Overview of
Client Outcomes, Values Statement
and Model Standards
for
Los Angeles County's
Integrated School Health Centers
(ISHC)

ATTACHMENT I-E

Improved Health and Behavioral Health Outcomes for Children, Families & Communities

Practice & Culture Change

(Excerpts from County's Values Statement for ISHCs)

- No "wrong door": wherever a client enters the system is the right place.
- Clients are treated with respect in every encounter.
- Clients receive services tailored to their unique situations.
- Clients are involved in determining their own service plans.
- Clients information is shared and their care managed collectively.
- The County human services system embraces a commitment to the disciplined pursuit of results accountability across systems.
- The County human service system acts to strengthen communities.

Standards for Clinical Services

- Administration
- Facilities
- Confidentiality & Privacy Protection
- Integration with School(s)
- Health Insurance Outreach & Enrollment
- Billing
- Access
- Quality Improvement
- Data Collection

Standards for Integrated Services

Multi-Disciplinary Team Service Delivery

- Behavioral Health
- Dental
- Education
- Medical
- Public Health

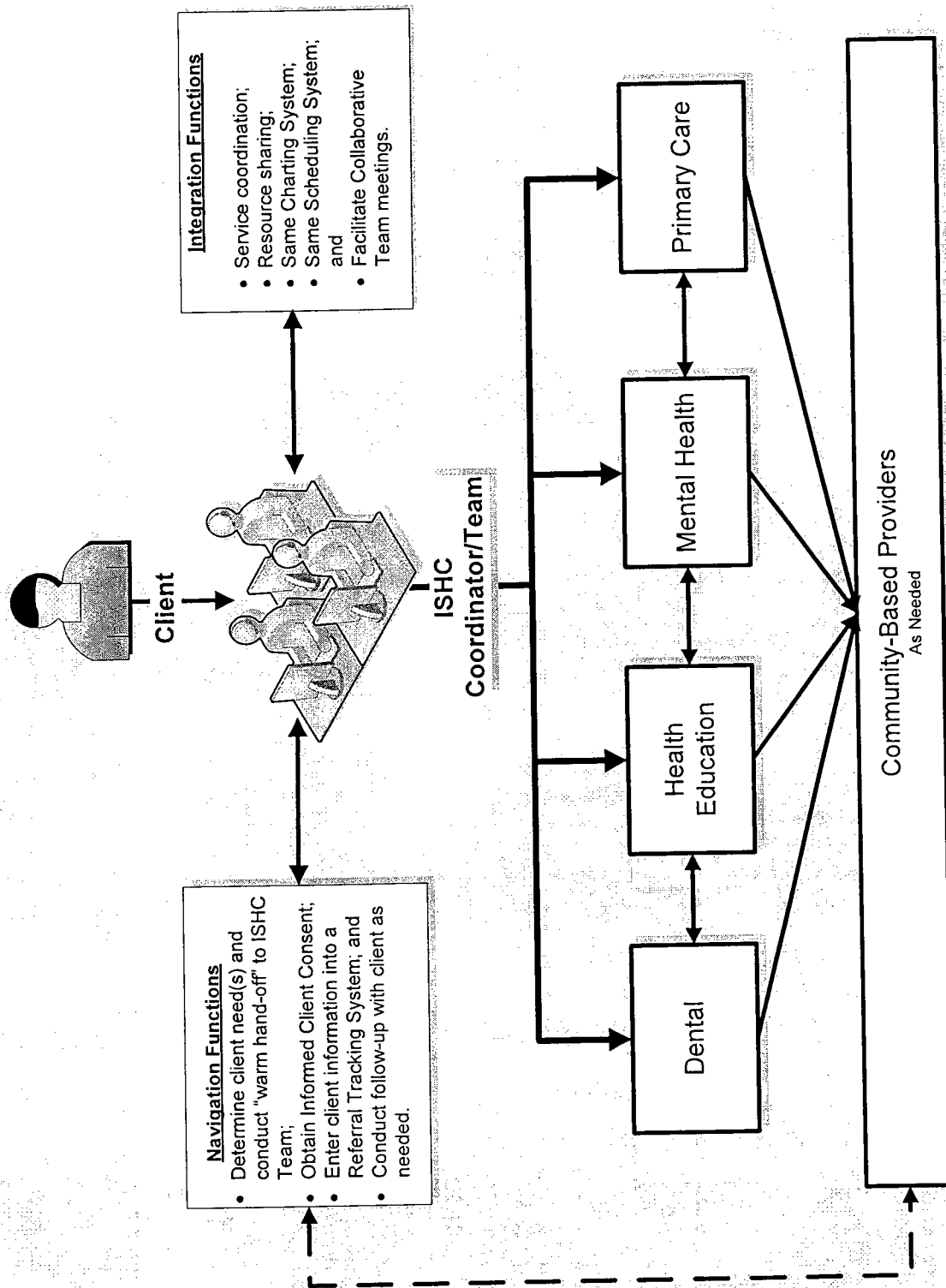
**INTEGRATED SCHOOL HEALTH CENTER (ISHC)
LIST OF KEY COORDINATION/NAVIGATION FUNCTIONS AND ACTIVITIES**

It is envisioned that these key functions/activities will be performed by a Coordinator/Navigator Team comprised of dedicated County staff, agency partners, or some combination of the two. The duties of the Team include, but are not limited to:

- Serve as coordinators and contact persons for school health center collaborative;
- Perform such service navigation functions as determining client need(s) at registration process, conducting “warm hand-off” to ISHC Provider Team members, obtaining Informed Client Consent to share information, entering client information into a shared Referral Tracking System, and conducting follow-up with clients as needed;
- Collaborate with representatives from the County Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH) in providing recommendations for five pilot sites for integrated school health centers, while coordinating with other departmental efforts such as public-private partnerships (DHS), prevention and early intervention projects (DMH), place-based projects (DPH), gang prevention initiative (CEO –Public Safety/SIB);
- Meet with staff from County departments, community-based organizations and stakeholders to develop and refine the integrated school health center model using model standards and other sources;
- Work with County departments, agencies, and school health center staff to assess the needs of individual communities and develop a service mix/model;
- Develop an operating budget and staffing plan;
- Partner with agencies for joint-use funding and to draw down additional State and Federal funding, and identify funding sources;
- Consult with educational institutions for assistance in developing and monitoring performance measures;
- Maintain effective communication with multi-disciplinary health care provider team and with school administration;
- Consult with representatives from the Department of Public Social Services to facilitate ways to verify Medi-Cal eligibility of clients; and
- Collaborate with various agencies such as, but not limited to, LA Health Action/School Policy Roundtable, Integrated Behavioral Health Project, LA Unified School District, LA County Office of Education, LA Trust for Children’s Health, California School Health Centers Coalition, LA County Education Fund, LA Community Clinic Association, various health plans, etc.

Integrated School Health Clinic (ISHC)

Client Registration, Flow, and "Warm Hand-Off" Referral Process



As of June 21, 2011

[illegible]**Services Only**[illegible]

OTHER SCHOOL HEALTH CENTER-RELATED ACTIVITIES IN LOS ANGELES COUNTY

1. School Health Center (SHC) Policy Roundtable

The Roundtable's purpose is to address policy barriers and propose solutions that will improve the sustainability of SHCs and ensure high-quality services. Members include representatives from the CEO's office, County departments, Los Angeles Unified School District, health care plans, state and local associations, and clinics. Launched by L.A. Health Action, the group was instrumental in the development of the Integrated SHC Model Standards. Now facilitated by the Los Angeles County Education Foundation (LACEF), the Roundtable's 2010-11 priorities include:

- a. Promoting the value of SHCs in achieving outcomes across domains (educational, behavioral, health and fiscal/cost-benefit).
- b. Increasing access to preventive dental care.
- c. Working toward more sustainable funding models for SHCs.

2. Health-centered Schools Initiative (LACEF)

Recognizing the critical link between good health and educational attainment, LACEF's vision is that all students receive high-quality preventive and primary health care services in appropriate and responsive settings. The SHCs are uniquely positioned to provide critical and timely access to such services, contribute to community wellness, ensure that eligible children are enrolled in health insurance, and assist children and families who do not qualify for coverage.

LACEF's Health-centered Schools Initiative aims to improve educational outcomes by increasing the capacity of schools and SHCs to work together. The Initiative's objectives are:

- a. To promote strong commitments to SHCs in the education community.
- b. To ensure that public policy and resources support SHC services and expansion.
- c. To create or strengthen partnerships with private entities that will improve outcomes.
- d. To provide support for at least two pilots that demonstrate the strongest possible school/district-clinic collaboration to reduce barriers to learning and improve family and community health. Activities critical for the success and replication of the pilots are coordination of care and prevention work, youth engagement, insurance enrollment, and surmounting the formidable barriers to information sharing.

3. L.A. Coalition of School Health Centers

Convened quarterly by the California School Health Centers Association, the Coalition is open to stakeholders from more than 60 SCHs currently in operation in the County. This forum offers education on national and state policy issues and information aimed at improving practice and fiscal stability.



WILLIAM T FUJIOKA
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

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Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

August 19, 2009

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

INTERIM REPORT ON PLAN FOR DEVELOPING INTEGRATED SCHOOL-BASED HEALTH CENTER PROJECTS

On March 10, 2009, your Board approved a motion by Supervisors Ridley-Thomas and Molina (Attachment I), which directed this Office, the Director of Mental Health, and the Interim Director of Health Services to report back within 60 days with a plan, including a timeline, for developing at least five potential integrated school-based health center projects within the County. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center sites.

Attachment II is the interim report which summarizes the information obtained through our efforts to date in developing that plan. To advance the collaborative effort, this Office established a County working group, led by the Deputy Chief Executive Officer, Health and Mental Health Services (HMHS), and consisting of staff from this Office and the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). Staff from DPH were included in the working group, because of the demonstrated need for public health services in the student population served by most school-based health centers.

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only*

Meetings of the County working group have been conducted to discuss the current services provided at school-based health clinics and a possible framework for the plan the group will ultimately recommend to your Board. The attached report provides key considerations and the framework for developing the plan for potential integrated school health center projects. The report also provides background information on school health centers, including a description of services provided and the particular importance of mental health services in addressing the needs of the middle-school and high-school children.

LA Health Action-Affiliated Group

In addition to the County's own efforts to develop a recommended plan for school-based health center projects, a separate effort is underway involving an ad hoc group working with LA Health Action, with a broader goal of developing a Los Angeles framework for improving school-based health, with a current focus on LAUSD school health services.

Following your Board's approval of the motion on school-based health center projects, staff from this Office and DHS have participated in meetings with the LA Health Action-affiliated group to coordinate our efforts, as appropriate. This was done not only to maximize the benefit from the work being done by this separate group, but to recognize the potential for leveraging LAUSD funds which are available for Joint Use Health Facilities. These joint use funds are available for innovative partnerships to expand existing and build new school based health centers.

Planning Coordination with Funding Opportunities

The County's working group is also targeting its efforts to maximize the potential of incorporating school-based health center projects which may be eligible for funding from the DHS solicitation to award one-time funding for expanded clinic capacity. Proposals have been received, and DHS is completing its evaluation and will be developing funding recommendations. They expect to present your Board with recommendations for contract awards by November 2009.

Additionally, the County's working group will work closely with DMH as it develops its implementation plan for Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, a portion of which has been proposed for school based projects. The stakeholder-approved MHSA PEI plan has been submitted to the State for review, and DMH anticipates State action by September 2009. During the upcoming months, DMH will be meeting with your offices to further discuss the implementation of the MHSA PEI plan.

Each Supervisor
August 19, 2009
Page 3

While the motion approved by your Board directed a report back within 60 days, we have found that additional time is needed to address the scope of work involved in developing recommendations for these projects, including meeting with and obtaining input from stakeholders whose support will be critical in ensuring successful implementation.

In addition, given the fiscal challenges facing all jurisdictions, including the County, the outcome of pending funding opportunities is critical to this planning effort. Therefore, consistent with the timeframe for decisions on these potential funding opportunities, we anticipate providing your Board with our next report, including the County's working group recommendations, in October 2009.

If you have any questions, please call me or your staff may contact Sheila Shima at (213) 974-1160 or sshima@ceo.lacounty.gov.

WTF:SRH:SAS
MLM:JS/CZ:yb

Attachments

c: Executive Officer, Board of Supervisors
County Counsel
Interim Director, Department of Health Services
Director, Department of Mental Health
Director and Health Officer, Department of Public Health

AGN. NO. _____

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA**

MARCH 10, 2009

School-based health centers are a proven cost effective means to provide a range of quality health care services to children, adolescents and at-risk youth, preventing worsened chronic conditions, inappropriate emergency room use and avoidable hospitalizations. Other counties, such as Alameda County, have developed models that demonstrate how mental health outcomes improve and children are more ready to learn when they receive appropriate integrated health and mental health services at a school based health center site.

Various public and private funds could be leveraged to support school based health centers that provide integrated behavioral and medical services. For example, the Mental Health Services Act (MHSA) dollars are available to fund programs that, among other things, reduce school failure or dropouts that may result from untreated mental illness. While the State may try to redirect a portion of the \$40 million in MHSA funding for innovation allocated to Los Angeles County to balance its budget shortfall, Los Angeles County will still receive a significant portion of those funds along with roughly \$105 million in MHSA funding for ongoing prevention and early intervention programs – 65% of which were voted by County stakeholder delegates to be spent on children, transitional age youth and their families.

- M O R E -

MOTION

MOLINA _____

RIDLEY-THOMAS _____

YAROSLAVSKY _____

ANTONOVICH _____

KNABE _____

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA
MARCH 10, 2009
PAGE TWO**

Another example includes Public-Private Partnership (PPP) Program Funds. On January 27, 2009, the Board of Supervisors approved \$44.8 Million for the Public-Private Partnership Program to be used for capital and operational expenditures in SPA's 1, 3, 6, 7 and 8. A portion of those dollars could potentially be used to support integrated school-based health center sites within those service planning areas (to the extent doing so would be consistent with those already approved motions). These are just a few of the opportunities that exist to leverage federal, state and local funds.

I, THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Direct the CEO, the Director of the Department of Mental Health and Interim Director of the Department of Health Services to report back with a plan, including a timeline, for developing at least five potential integrated school-based health center projects within the county. These proposed projects would enable the integration of behavioral health services with county-funded primary care services at school based health center sites.

1. The CEO and agencies' report to the Board should discuss:
 - a. the location of potential projects to ensure that they target underserved children;
 - b. a recommended budget;
 - c. opportunities to leverage funds, including LAUSD joint use bond funds, other school district funds, PPP program and infrastructure dollars, MHSA prevention and early intervention and innovation funds, Medicaid and SCHIP funds, economic stimulus package funds, and private philanthropic dollars;
 - d. the extent to which these projects could be sustained, replicated and expanded beyond three years; and
 - e. performance measures and timelines to ensure these projects could be adequately implemented, monitored and evaluated to ensure accountability and encourage best practices.

- M O R E -

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND
GLORIA MOLINA
MARCH 10, 2009
PAGE THREE**

2. The CEO, Director of the Department of Mental Health and Interim Director of the Department of Health Services are encouraged to use the non-profit Integrated Behavioral Health Project as a resource for potential model approaches that have successfully integrated behavioral and medical services statewide and nationwide. They are also encouraged to work with the appropriate school district officials to identify opportunities to leverage joint dollars.
3. The Board's intent is that these proposals be developed in a manner consistent with the MHSA stakeholder process to allow for appropriate community input.
4. The CEO should report back to the Board within 60 days.

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INTERIM REPORT ON PLAN FOR DEVELOPING INTEGRATED SERVICES AT SCHOOL-BASED HEALTH CENTERS

On March 10, 2009, the Board of Supervisors (Board) approved a motion by Supervisors Mark Ridley-Thomas and Gloria Molina directing the Chief Executive Officer, the Director of Mental Health and the Interim Director of Health Services to report back in 60 days with a plan for developing at least five potential integrated school-based health center projects within the County. The proposed projects would enable the integration of behavioral health services with County-funded primary care services at school-based health center sites.

OVERVIEW

In response to the Board's direction, the Chief Executive Office (CEO) established an interdepartmental County workgroup consisting of representatives from affected County departments, as shown on Attachment IIA. Meetings of the County workgroup have been conducted to discuss the current services provided at school-based health clinics and a possible framework for the plan which the workgroup will ultimately recommend to the Board.

In a separate, but related, effort an ad hoc group affiliated with LA Health Action is working on a broader project with the purpose of developing a Los Angeles framework for improving school-based health, with a current focus on the Los Angeles Unified School District (LAUSD) school health services. Member organizations of the LA Health Action-affiliated group are shown on Attachment IIB.

Following the Board's adoption of its motion, CEO and DHS staff have been participating in the meetings of the LA Health Action-affiliated group. Given the overlap between some of the issues being discussed by both groups, the effort to develop the County's plan for integrated school health center projects is being coordinated with the work of the LA Health Action-affiliated group.

This interim report provides background information on school health centers and an overview of the issues related to integrated school health center services and funding. This information provides the framework for developing the plan for potential integrated school health center projects.

The final report is expected to be provided to the Board by October 2009, consistent with the anticipated timeframe for completion of the DHS solicitation process to award funds for expanded clinic capacity and the planning process underway for proposed use of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds, a portion of which is potentially available for school related projects. Coordination of these efforts is critical in leveraging funding opportunities to implement the potential school health center projects.

DEVELOPING THE PLAN - KEY CONSIDERATIONS

While the County, along with other public and private entities, is facing financial challenges, a key consideration in developing the plan for integrated school health center projects (ISHCs) is the current opportunity to leverage available funds, as identified below. Critical also is the need to identify sustainable resources going forward.

Other key considerations in developing the plan are the target population to be served, scope of services to be provided, and the model or standards for operation, including: a) provision of care for students alone or for families and other members of the local communities; b) the service mix of primary health care, mental health care, and care typically associated with public health and wellness; and c) developing new clinics from the ground up, adding new or currently missing services to existing clinics, or better coordinating and integrating services funding that may already be available from existing clinics.

The following information will be discussed further by the County workgroup as the framework for developing the plan for potential integrated school health center projects.

Funding Opportunities

The effort to develop ISHCs is particularly timely given recently-emerged opportunities to identify and leverage potential funding from a variety of sources. As identified in the motion, potential funding streams have been offered to expand community clinic services, including the one-time funds approved by the Board to expand clinic capacity, LAUSD joint use funds for partnerships to provide primary health and mental health care and other services, and possibly MHSA PEI funds to the extent approved PEI plans overlap ISHC initiatives.

In addition, CEO staff are working with LAUSD and Los Angeles County Office of Education (LACOE) staff to see whether there is potential for increasing Medi-Cal Administrative Activities funding available to both counties and school districts. An initial meeting was conducted by CEO staff to discuss this issue and identify areas requiring further review.

There are a number of potential funding opportunities to support ISHCs in Los Angeles County. This is important because school health centers can only achieve financial stability through the receipt of operating resources from a wide variety of funding streams. These generally fall into three categories: third party revenue, local base funding, and funding from State, federal and private organizations.

Third party revenue sources include private insurance for qualified patients, and patient self-pay or co-payment programs for patients with sufficient resources. A prerequisite for insurance reimbursement is often the clinic's inclusion in an insurer's network of providers.

There is also the opportunity to review existing allocations of County funding to ensure that they are being spent in the most effective manner. School district funding may include construction bonds, joint-use dollars, and district operating funds.

Research by CEO staff discovered a guide for determining the suitability of funding sources which provides five criteria for exemplary school health center funding strategies, as identified by the National Assembly of School-Based Health Care's (SBHC) "National SBHC Finance and Patient Revenue Study", (June 2002), as follows:

- Comprehensive Program: Ensuring that total revenue (both cash and in-kind) supports a program that includes minimum service hours of medical care, mental health care, health education and promotion, and youth development.
- Diversified Funding: Multiple funding sources, including at least one local source of support to ensure long term sustainability.
- Core Support: Between 30 percent and 60 percent of revenue from a single source (unless the source is patient revenue, in which case there is no upper limit), which is continually renewable but not necessarily guaranteed.
- Third Party Billing: The ISHC must be able to bill patients and third party payers to the extent available.
- Replication Potential: Core support should not depend on an environment, situation, or relationship that is unique and therefore cannot be replicated in different service areas.

Potential Concepts for ISHC Model

A potential model would include community based organizations under contract with either the school district or the County to provide primary health care services, as well as mental health and public or preventive health care, or who subcontract with specialty providers to do so. One reason for partnering with private providers is their greater ability for obtaining private grants and donations; private donors are generally less inclined to donate to government-run entities.

A key consideration to the design and operation of ISHCs is the target patient population. Wide support can be found for targeting medically underserved areas and populations, since that is where the greatest need and insufficient services are most likely to be. The title "school" health center may suggest a service limited to students. However, schools can serve as community centers by offering, to a broader population, a wider variety of services besides education, including health, wellness, and fitness centers. Accordingly, a model often considered ideal is one which provides that appropriate access and privacy is available to patients coming from the community and the school.

In addition, because funding streams are often limited to certain populations in accordance with eligibility rules, a wider target population that includes students' families and nearby residents could yield a broader patient population, which in turn may promote sustainability by maximizing the variety of available funding to support overall clinic operations. Making care available to a community broader than students also promotes continuity of care over a longer period, since local students will attend the particular school at which a clinic is based only while enrolled at the school. Services which are school-based or –linked, but community focused, would allow youths to begin receiving care while attending lower grade-level feeder-schools and after graduation from high schools.

The scope of services offered at a model ISHC will vary by discipline. Primary medical health care services are important not only because of the great need, but because these are among the services with relatively more stable sources of funding. Mental health services would include prevention and early intervention, as well as traditional mental health care focusing on mild to moderate conditions, instead of serious mental illness better treated at facilities capable of more intensive care. Key public health care services for ISHCs include preventive health and education, for example, to address issues such as nutrition, obesity, and substance abuse.

The LA Health Action-affiliated group has drafted proposed standards for ISHCs in Los Angeles County, including the services which ideally would be provided at these sites and other standards which would be necessary for effective and efficient operations. The County workgroup is reviewing these draft standards to see whether they are appropriate to include in the plan being developed and recommended to the Board.

As desirable as the ideal ISHC model would be, there are challenges to swiftly implementing the ideal model. Among these challenges are protracted timing in selecting appropriate new sites and providers, the scarcity of readily available new or additional base funding, and the time and experience required to establish close relationships among new providers and other stakeholders.

Possible Options for Developing ISHCs

Given the challenges of timing, funding and expertise needed to immediately establish "model" ISHCs at different sites in the County, the County workgroup is considering different options which may be readily implemented, in addition to the option of building from the ground up. These options involve working with clinics that already provide school health services and can be modified to become ISHCs relatively quickly by adding one or more services, or integrating other elements of the model which would be ideal for a particular site.

An option may involve working with existing school-based, or school-linked, clinics that are already Federally Qualified Health Centers (FQHCs), and would be able to expand or add mental health services that are not yet integrated into the existing clinic. The appeal of this approach is based on the fact that there already exists in Los Angeles

County many school health centers that operate under various degrees of integration. This option could be implemented by working with the existing provider to expand the array of services already provided at the site. Another approach would be to establish a lead provider who coordinates and promotes integration of services by the other providers in various disciplines.

Still another option would be to better integrate the full array of services that may already exist at the clinic, but which only lack better coordination. The addition of staff to act as service integrators, or organization facilitators, to a clinic that already offers a rich mix and variety of services could lead to a successful ISHC.

Regardless of the option, there are some important elements that should be present in each. First, a well developed infrastructure, drawn from the County and school district, to provide direction, support, and to coordinate relationships and agreements among the different stakeholders. Second, involvement of the broader community in the design of services and the selection of clinic locations and contract providers is important to promote stakeholder interest and consent. Third, an important aspect of successful integrated clinics is a commitment of resources, both financial and human, by all the stakeholders involved. This is clearly a very big challenge in the current economic environment and must be addressed by the County workgroup.

Possible Locations

The County workgroup is looking at determining a methodology for selecting potential locations. One option would be to include school health center proposals, if any are submitted and awarded funds as part of the DHS solicitation for the Clinic Capacity Expansion Project, as well as proposals which are submitted for the LAUSD "health hot spots", which may be awarded joint use funds. These school health center providers may be eligible to submit proposals for MHSA PEI funds in those instances where PEI plans and ISCH plans overlap.

Possible locations for school health centers should be thought of strategically. The needs of each specific location should be considered in order to customize a successful model that addresses the needs of that particular community. School health center sites would not be proposed in locations where there is already a competing community health center in the area.

Areas of unmet need will be considered, consistent with the effort by LAUSD to examine areas of need based on public health data on health indicators. LAUSD mapped their findings at school complexes which further resulted in their "health hot spots."

A strategy for selecting locations will be based on examining schools that currently have school health centers in place, have an FQHC nearby, and have initial efforts for coordination of services. For example, some schools may have mental health services in place, but not primary health services, and vice versa.

Performance Measures/Accountability

The success of school health centers is not solely based on having a health center on a school site, but on effectively organizing a system of care that identifies health risks and intervenes with students and families that are at risk, and treats children and families for health related complexities. Effective systems of care should build community health networks that reach out to the needs of the community, and provide not only health and behavioral health treatment, but health and mental health early intervention and education.

Health and mental health are critical to long term outcomes. As such, the long term goal is to accomplish long term results that positively impact families and quality of life in the County of Los Angeles.

Performance measures should include tools that assess integrated outcomes for improved health and academic outcomes. The County workgroup will continue investigating research tools that can be used for measuring performance outcomes. These discussions will include representatives from educational institutions to ensure their input regarding educational measures.

SCHOOL HEALTH CENTERS – BACKGROUND

The key considerations above were developed in reviewing reference materials and in discussions with County Department staff, representatives from the LA Health Action-affiliated group, and other individuals experienced with school health centers. That background information is summarized below.

School health centers have been in place for some time, encompassing a variety of models. A school-based health center provides services to students at clinics on the school campus. "School linked" health centers are located at an off-site facility and have formal operating agreements with one or more schools. Services may also be provided on campus by mobile vehicles, which can serve multiple school sites.

As discussed below, some school health centers provide services only to students and some provide services to students, their families and other members of the community. Most school health centers are located at middle schools or high schools, although some have discussed locating school health centers at or near elementary schools in order to encourage healthy behaviors and preventive measures in younger children.

The scope of services varies among school health centers, based in part on the clinic hours of operation and whether the staff are full-time or part-time. Services at the more comprehensive school health centers include both primary health services and mental health services, typically including physical examinations and mental health assessments, screening, diagnosis and treatment of acute illnesses and certain chronic conditions, health education, immunizations, counseling, referrals, and follow-up.

These health centers are designed to prevent sickness, promote health and well-being, enhance the delivery of services to target populations, and improve school attendance and performance. Benefits include increasing access to care, reducing health disparities, and decreasing the likelihood of conditions that require additional treatment of acute or chronic conditions in more expensive settings.

Funding for school health centers includes Medi-Cal, Child Health and Disability Program (CHDP), Healthy Families and Healthy Kids. Schools may contribute financially by paying for the health services and mental health services provided by the centers or by allowing private providers to provide services on the school campus, and covering the cost of space, utilities and custodial services. Some school health centers may receive funds from private sources. However, school-based health centers which serve only children at the schools generally do not have sufficient self-sustaining revenue streams, and they continue to face challenges in securing additional grants and donations.

Integrated Behavioral Health Services at School Health Centers

While school health centers have historically provided primary health care, the need for mental health services, in particular, has grown significantly in recent years. School health centers serving middle-school and high-school age children have also seen increasing demand for reproductive health services and substance abuse services. The individuals with whom CEO staff met indicate that a model which integrates these services is the most effective way of better serving the student population and maximizing limited resources in communities where these services are most needed.

Concept of Integrated Behavioral Services: One model being reviewed in developing this plan presents the integration of health and behavioral health as essential in providing services to students, families, and communities. Research has demonstrated that the academic performance of students is directly related to their physical and mental health. Schools allow health care providers access to a student and community population in need of prevention and early intervention, health promotion, and treatment.

In identifying program components common to successful integrated school health center models, it is important to note that one size does not fit all. The model appropriate for one clinic may differ from the model that best works for another clinic, depending on the community, patient population, funding resources, service need, provider availability, the level of commitment by school administrators and others, and the preferences expressed by students, parents, school administrators, and officials from the County or other agencies involved. Therefore, the model ultimately recommended will be designed with flexibility to be adapted to the student and community population at sites recommended for the plan.

Ideally, the model for integrated behavioral services at school health centers achieves two kinds of "integration". The first involves good coordination of the appropriate mix of patient care disciplines: primary medical care, mental health care, and public health or preventive health care (such as wellness, education, and prevention), all of which are coordinated through proper case management. Co-location of services alone does not equal integration or good coordination. The second kind of integration ensures that strong working relationships are established among the parties involved in administering and operating the clinic. While different agencies may be involved in providing services at the clinic, their interaction should appear seamless to patients.

Integrated Behavioral Health Project (IBHP): The IBHP is an initiative funded by the California Endowment, in partnership with the Tides Center. As encouraged in the Board's motion, the interdepartmental County workgroup reviewed the IBHP approach, which involves the close coordination and collaboration between medical and mental health service providers, ideally resulting in a seamless continuum of care for patients.

The IBHP model establishes close collaboration of disciplines and stakeholders in a fully integrated system, characterized by medical and mental health professionals who share the same sites and systems, as well as the same expectation of a team offering prevention and treatment. Professionals have an in-depth understanding of their respective roles and cultures, consciously strive to balance power and influence among the professionals according to their roles and areas of expertise, and regularly participate in collaborative team meetings to discuss patient issues and team coordination. Much of the ability to achieve a high degree of integration depends upon leadership at the clinic and in the governing organization(s). Successful models feature an entity, group, or person with the commitment and authority to champion the integrated model throughout its development and operation.

Alameda County School Health Services

One of the most fully developed models for school-based health centers has been implemented in Alameda County, in a partnership between the County of Alameda and the Oakland Unified School District to establish the Alameda County School Health Services Coalition (ACSHSC). The LA Health Action-affiliated group has been in discussions with Alameda County staff about their model and efforts to develop, sustain and expand it. LAUSD, CEO and DHS staff recently conducted a site visit to three school health centers in Alameda County, and the information obtained in that visit will be discussed with the County workgroup for consideration in developing the County's plan.

IBHP representatives indicate that the Alameda County model meets the IBHP definition of integrated services. School health centers in Alameda County are coordinated by the ACSHSC, a cross-disciplinary stakeholder group including health care providers and practitioners, school and school district administrators, patient and student advocates, the Alameda County Health Care Services Agency (HCSA) and the

Alameda Board of Supervisors. Clinics are expected to treat any student who presents for care regardless of resources.

In Alameda County, all school health centers have been high school based and accessible only to students. Parents sign waivers at the beginning of the school year which allows students access to services. The confidentiality this model provides for the students seeking mental health and reproductive health services is important in connecting with children who might otherwise not seek needed services. Alameda County is now working on opening school health centers at middle schools, and making them open to families and the community.

Alameda's service delivery system is founded upon contract providers who are FQHCs either based at, or linked to, school campuses. Alameda County HCSA contracts with the FQHC providers to render services, who in turn subcontract with community based organizations to link mental health services.

Alameda County financially supports its school health clinic providers with a base funding allocation of between \$100,000 and \$200,000 annually for each clinic, utilizing Tobacco Settlement dollars and revenue from an initiative approved by Oakland voters in 2004, Measure A, the Essential Health Care Services Initiative. The school health centers have used these local funds to draw down State and federal funds to operate their centers. This base funding is critical to these student-only clinics, which otherwise are difficult to sustain financially.

In addition to being the primary contract holder, the Alameda County HCSA provides technical assistance, data collection, planning, and leadership. Staff from County agencies, schools, and providers are fully integrated in the provision of care and administration of health centers. The participation and support of the school administration is considered essential in ensuring the success of school health centers. Moreover, the County employs dedicated staff to administer and support the programs, both within HCSA and at the school district.

In terms of outstanding issues, discussions with Alameda County identified the need to resolve issues which restricted the sharing of student information between the health care providers and the schools/school districts, and to look further at ways of maximizing federal funds available to both counties and school districts.

Current and Planned School Health Centers in Los Angeles County

The County workgroup is continuing to assemble and review information on school health centers that currently exist in the County, and those that are being expanded or newly developed, including sites selected by LAUSD as "health hot spots". County staff have visited some sites in order to obtain information to develop the proposed staffing and budget for the "model" ISHC and other components of the plan. Examples of representative health centers as currently operated or conceived in the County is summarized in Attachment IIC.

While the work so far has largely involved coordination with LAUSD, CEO staff have also met with LACOE, and, potentially, will meet with other school districts to ensure that the proposed plan considers areas throughout the County. The County workgroup will determine efforts which may already be underway in their schools regarding integrated services at school health clinics. These findings will be addressed in the final report.

County Role in Integrated School Services

As a major provider of health, mental health and substance abuse services, County departments could play important roles in the coordination of primary care and behavioral health services provided at school health centers. This would not only be in assisting with efforts to leverage current County funding streams, such as funding for public-private partnerships, expanded clinic capacity and, potentially, a portion of MHSA PEI funds, but also in reviewing and ensuring that current County services provided in conjunction with school health centers are being coordinated for maximum benefit.

The County's goal is to improve health and mental health outcomes for its clients and to make the most efficient use of resources, by promoting proven service models and prevention principles that are population-based, client-centered, and family-focused. County Departments can contribute to this goal by partnering with school districts, private providers, and community based organizations to ensure optimal integration of County-provided services provided at, or linked to, schools throughout Los Angeles County.

FUTURE STEPS AND ANTICIPATED TIMING

The County workgroup recently met to review the draft standards developed by the LA Health Action-affiliated group. A subsequent meeting between both groups has been scheduled to further discuss the standards and address any questions.

Further, a template for recommended budgets for the projects will be developed, which will vary between sites regarding staffing costs, the amount of staffing needed (doctors, nurses, administrative staff), how many visits the school health clinic is expected to provide, and the services that will be offered at the clinic. Most importantly, the budget will need to address the availability of funding streams for the clinic in order to accomplish sustainability beyond three years.

Other areas which will be addressed by the County workgroup include legal issues, contracts, and health information sharing.

In addition, CEO staff will schedule meetings with community organizations who have expressed interest in the development of this plan and in providing input regarding the specific needs of the communities in which they are based, as well as school districts.

As noted above, CEO staff will work with DMH on the planning efforts with the Board offices regarding implementation of the portion of MHSA PEI funds potentially available for school health projects.

As directed by the Board, the final report will reflect recommendations regarding: 1) the potential sites for integrated school-based health center projects within the County to ensure they target underserved children; 2) recommended budgets for the projects; 3) opportunities to leverage funds for the proposed projects; 4) the ways in which the proposed integrated school-based health center projects would be sustained, replicated and expanded beyond three years; and 5) performance measures and timelines to ensure the projects could be adequately implemented, monitored and evaluated to ensure accountability and encourage best practices.

As noted above, the final report is expected to be provided to the Board by October 2009, consistent with the anticipated timeframe for completion of the DHS solicitation process to award funds for expanded clinic capacity and the planning process underway for proposed use of MHSA PEI funds, a portion of which has been identified for school related projects. Coordination of these efforts is critical in leveraging funding opportunities to implement the potential school health center projects.

Attachment II Interim Report ISHC

LOS ANGELES COUNTY
INTEGRATED SCHOOL HEALTH CENTERS
COUNTY INTERDEPARTMENTAL WORKGROUP
AUGUST 2009

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LOS ANGELES COUNTY
INTEGRATED SCHOOL HEALTH CENTERS
L.A. HEALTH ACTION-AFFILIATED AD-HOC GROUP
AUGUST 2009

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EXAMPLES OF CURRENT AND PLANNED SCHOOL HEALTH CENTERS

- LAUSD – Existing and Proposed Sites

As the largest school district in the County, LAUSD has implemented various efforts for school health centers.

LAUSD has opened clinics recently, and existing clinics have been and will continue to be expanded. LAUSD is also working on developing services at Belmont HS, Manual Arts HS, and is hoping to see new clinics at Locke HS, Washington HS, Garfield HS, and additional sites yet to be determined.

- Sun Valley School Health Center - Sun Valley opened on March 17, 2008, as a public-private joint venture between the County and private healthcare providers, with support from the Third Supervisorial District, in which the school is located. The Department of Health Services provided funding to build the facility on school grounds. The facility is operated by Northeast Valley Health Corporation in cooperation with LAUSD.

The Sun Valley School Health Center provides services to students, as well as to the community. The services provided at the facility consist of pediatrics, adult medicine, family planning, gynecology, dental, and limited mental health and medical nutrition services. In addition, space at the clinic has been set aside for staff from the Women, Infants and Children (WIC) program.

CEO staff recently conducted a site visit to the clinic, and other school health centers operated by Northeast Valley Health Corporation. Information obtained from those visits will be incorporated into the final report and recommendations. Further, CEO staff will review the initial planning documents for the Sun Valley School Health Center which may be helpful in developing the template for a potential budget for the proposed school health center sites.

- Marshall High School

The school health clinic at Marshall HS (Marshall) is operated by Asian Pacific Health Care Venture, a non-profit, community-based, FQHC provider. The clinic also accepts students from surrounding middle schools. The clinic at Marshall was established in 2001 and the services provided include: physical exams, immunizations, primary health testing and treatment, nutrition counseling, referrals for specialty care,

psychological counseling, family planning, sexually transmitted infections (STI) testing and treatment, human immunodeficiency virus (HIV) testing and counseling, and health insurance enrollment for students and families.

- Jordan High School

Jordan High School currently offers an array of services provided by different entities, including primary health care and behavioral health services. CEO staff continue researching Jordan HS, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations

- Belmont Wellness Center

The Belmont Wellness Center is a pilot school based community health project designed for a projected 80,000 client population. Asian Pacific Health Care Venture, Inc., in collaboration with LAUSD, Belmont HS, and Kaiser Permanente is developing the Belmont Wellness Center, a comprehensive school and community health center. It is planned that this Wellness Center will integrate comprehensive primary and preventive health care, mental health services, oral health, nutrition education, and youth after-school activities, leadership development, support services, and health and fitness education. Services will be available to students and the community.

- Charter Schools

- Vaughn Next Century Learning Center School Based Clinic/"Panda Clinic"

Vaughn Next Century Learning Center School Based Clinic opened in February 2000. The clinic opened with an emphasis on primary care and referral resource for parents and school nurses. However, Vaughn and two other school clinics at Kennedy HS and Pacoima Middle School were closed in 2002 due to lack of funding resources, reflecting the challenges facing school health centers.

Vaughn reopened in January 2003 for four hours per day with grant funding from LA Care through December 2003. In November 2003, Vaughn received a three year grant from UniHealth Foundation to continue services. In April 2008, Vaughn received a three year grant from UniHealth Foundation to fund additional staff.

The clinic also provides access to neighboring schools, and is located in an area that is medically underserved. CEO staff continue researching Vaughn, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations.

- Locke High School

Locke High School is one of the charter schools operated by Green Dot Schools and has been identified as one of LAUSD's "health hot spots."

The County group will meet with Green Dot Schools to discuss their efforts as related to school health centers. CEO staff continue researching Locke HS, and additional information will be reviewed and incorporated, as appropriate, in the final report and recommendations